

Cherilee Botha Counselling Psychologist

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Client Information Document - Group Psychotherapy

Dear Client

This document tells you what you can expect from the therapy process and from the therapist. It also explains what your responsibilities are. Please read it with care. It should take no more than 10 minutes. If you have any queries please do not hesitate to discuss them with the therapist before the start of the session.

Therapeutic Process

Group therapy is a process in which the group interaction is the basis for therapeutic intervention. Some groups will have a psycho-education element in which a particular topic is explored, while others will unfold depending on the needs of the group during that particular session.

Each participant in the group has a vital role to play in how the group process is directed. The aim is to allow each member to explore what arises from the group discussion. Consideration will be given to allow all members to participate while also maintaining the flow of the group discussion. Individual therapy sessions are used to unpack each client's experience in more detail, including things which may be presented from group therapy discussions.

Standing Appointment

Group therapy sessions will follow the schedule as found in the unit. Patients will be notified of changes to the schedule as far as possible.

Confidentiality

1. The therapist will treat all the private information collected about you as highly confidential. The therapist will not, subject to what is said in paragraph 2 below, disclose any information about you without your consent.
2. The following represents limits to confidentiality:
 - If the therapist is forced to divulge this information in a court of law.
 - If there are legal or social welfare reasons to break confidentiality.
 - If consultation with other mental health professionals is viewed as being necessary.
 - If you pose a danger to yourself or another person.
 - Your referral source or family doctor may require written or verbal feedback regarding your treatment. In such a case this will only be supplied once discussed with you.

3. That which has pointed out in paragraphs 1 and 2 above is also applicable in respect of individuals under the age of 18. The therapist will on a regular basis inform parents or guardians about the therapeutic process and client's progress. No information will be given to the parents or guardian about the content of a session without the relevant client's consent (unless the child is at risk of harm or causing harm to others).
4. Certain Medical Aid Funds require a diagnostic code before they will pay a therapist's account. If you refuse to allow the therapist to furnish your Medical Aid Fund with the required information the organisation may refuse to reimburse you.
5. If you have been referred by an external source, it may be necessary to provide this source with written or verbal feedback. This feedback will be given with your permission, and discussed with you beforehand.
6. While every effort is made to maintain confidentiality from the therapists side, this cannot be guaranteed in a group process as each member is responsible to uphold the confidentiality of the group. Each individual may then choose what they do or do not share in group sessions with this is mind. The therapist will encourage maintenance of confidentiality between group members even though this cannot be guaranteed.
7. Privacy Notification: Processing of Personal Information
 - I need to collect and process the above and any other relevant personal information about you, including but not limited to session records/notes and communications/correspondence, that is required to provide psychotherapy services, as per HPCSA regulations and the Protection of Personal Information Act No. 4 of 2013 (POPIA).
 - This information will only be used for the purposes for which it was collected (providing occupational therapy services); the provision of such services may not possible should you not provide this information or fail to inform me of changes or updates.
 - Your information will be securely stored in physical and/or electronic forms and I will review security safeguards on an on-going basis to ensure that your information is kept safe and confidential. Information will be securely stored for a period of time as required by HPCSA guidelines.
 - I may disclose your information to service providers who are involved in or enable the delivery of services to you, such as medical schemes, practice managers, accountant or other health care professionals, where this is in service of your treatment and where such third parties comply with the privacy requirements as regulated by POPIA. This may include processing and sharing information for the purpose of collecting unpaid debts.
 - The abovementioned third parties include email, text message and social media and/or applications service providers (e.g. Gmail, SMS, WhatsApp) and cloud storage providers (i.e. Dropbox and/or One Drive) who may be located outside of South Africa. Relevant password protections will be in place to secure your information stored on these virtual platforms and I will take all reasonable steps to ensure that the privacy protections that such third parties have in place comply with the conditions of POPIA.
 - Where specific requests are received to disclose information contained in your records (e.g., medical aid audits), a separate consent to disclosure form detailing the particulars of this request will be provided to you.
 - You have the right to request that I update, correct, or delete your personal information using the relevant forms as set out in POPIA (Form 1 and Form 2). These can be found on the practice website or requested directly from me.
 - As per the Protection of Access to Information Act (PAIA) and the processes outlined in the PAIA manual for this practice, you have the right to request a copy of the personal information that I hold about you, the copying and provision of which may be subject to payment of a legally allowable fee. The PAIA manual and Form C for requesting information can be found on the practice website or requested directly from me.

- The responsibility for compliance with POPIA and PAIA lies with the registered Information Officer for this practice, Mrs Cherilee Botha.
8. Please be advised that the therapist does not do forensic work; but can refer you to psychologists who specialise in this field. Should the therapist be served with a subpoena to appear in court, the therapist will do so as an unwilling witness.

Fees

1. Fees are charged as recommended by Board of Health Care Funders (BHF) and Medical Aid rates. The fee is up to R510 per session of group therapy. These are below or within most medical aid scheme rates.
2. Fees increase annually at the beginning of the new financial year as of 1 March each year. This increase is set according to recommended rates from BHF and Medical Aid rates.
3. If the person who will be attending therapy (“the client”) does not accept responsibility for the payment of the account, the name and other particulars of the person who does accept responsibility, must be indicated on the accompanying Client Details form.
4. As sessions occur on an appointment basis, it is not possible to extend the time set aside for a session. Should you be late for a session without making an arrangement timeously, the relevant session will be shorter. The person responsible for the payment of the account will still be liable to pay for the full session.
5. The person responsible for the payment of the account is personally liable for payment of the full account for each session. If the responsible person is a member of a Medical Aid Fund, it is his or her duty to find out which portion of the account the Fund will pay.
6. Where the person who is responsible for the payment of the account is a member of a Medical Aid Fund the following must be taken note of:
 - 6.1 The person who accepted responsibility for payment of the account is primarily responsible for the payment of the therapist’s account.
 - 6.2 If the Medical Aid Fund fails to pay the account with 14 days, or fails to pay the full amount due, the responsible person will be liable for the payment of the account within 7 days after he or she has been informed accordingly.
7. If the person responsible for payment is not claiming from a Medical Aid Fund or does not belong to a Medical Aid Fund, they must take note that the account must be paid after discharge. Only cash, card and bank transfers will be accepted. If bank transfer is used, proof of payment must be provided promptly after payment. Emailed proof of payment or sms confirmation will also be accepted.
8. Please let the psychologist know if you believe that you may have difficulty paying the account. If it is possible the psychologist will try to accommodate you.
9. No relaxation or amendments of these rules will be binding unless recorded in writing.
10. If the psychologist is forced to hand an outstanding account to an attorney for collection, the person responsible for the payment thereof will be liable to pay the legal costs on attorney-client scale.

Contact with Therapist

The therapist can be contacted on the contact details provided between 8am and 5pm; and after-hours in emergencies only. Should the therapist be in a session or unavailable to take your call, email or message immediately, she will make every effort to respond as soon as possible. All contact (telephonic, email or otherwise) outside of these hours will be responded to as soon as possible.

Further Information

Please note that your rights as a client are protected in terms of the Regulations set by the Health Professions Council of South Africa.

The responsibility for all decisions in your life still lies solely with you, and the therapist will not accept responsibility for your actions.

Before the group therapy is commenced, the therapist will allow you an opportunity to raise any questions you may have. Please feel to ask any questions you may have regarding the information in this document. If at any stage you fail to understand what is taking place please ask the therapist for an explanation. In particular, you are requested to inform the therapist if you feel uncomfortable at any stage in the therapeutic process.

I look forward to working with you; and hope that the therapy will be a beneficial process for you.

Kind Regards,

Cherilee Botha

Counselling Psychologist